

STUDENT CAREER EXPERIENCE PROGRAM SUPPLEMENTAL FORM

****ONLY USE THIS FORM IF YOU HAVE PREVIOUSLY APPLIED****

NAME (LAST)		FIRST (LEGAL)		MIDDLE (FULL)		SSN			
MAILING ADDRESS						APT/UNIT #		ZIP CODE:	
HOME PHONE () ()		WORK PHONE () ()		MESSAGE PHONE () ()		E-MAIL ADDRESS			

COLLEGE (Transcripts must be provided [unofficial or official].) Highest College English Course completed: Course # _____ GPA: _____ Date completed _____ Highest College Math Course completed (Must be within last 3 years) Course # _____ GPA: _____ Date completed _____				Placement exam taken: (Must be within last 3 years) Asset <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Compass <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
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BACKGROUND SURVEY (Answers to the following questions are strictly voluntary.)

A. Race/Ethnic Status: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black		<input type="checkbox"/> Hispanic <input type="checkbox"/> White		B. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
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Please select the shops/codes in which you are interested in receiving consideration. For additional information go to www.psns.navy.mil. Select Employment Opportunities, then Apprentice Program for trade descriptions.

<input type="checkbox"/> Crane Maintenance Electrician C/730	<input type="checkbox"/> Electroplater S/31	<input type="checkbox"/> Marine Machinery Mechanic S/38	<input type="checkbox"/> Rigger C/740
<input type="checkbox"/> Crane Maintenance Mechanic C/730	<input type="checkbox"/> Fabric Worker S/90F	<input type="checkbox"/> Non-Destructive Test Examiner C/135	<input type="checkbox"/> Sheet Metal Mechanic S/17
<input type="checkbox"/> Electrician (Marine) S/51	<input type="checkbox"/> High Voltage Electrician S/03 (CNRNW)	<input type="checkbox"/> Painter S/71	<input type="checkbox"/> Shipfitter S/11
<input type="checkbox"/> Electrician (Temporary Services) S/90E	<input type="checkbox"/> Industrial Electrician S/07 (CNRNW)	<input type="checkbox"/> Pipefitter (Marine) S/56	<input type="checkbox"/> Shipwright (Structural) S/64
<input type="checkbox"/> Electrician S/06	<input type="checkbox"/> Insulator (Mechanical) S/64	<input type="checkbox"/> Pipefitter (Temporary Services) S/99	<input type="checkbox"/> Toolmaker S/06
<input type="checkbox"/> Electronic Industrial Control Mechanic S/06	<input type="checkbox"/> Insulator S/57	<input type="checkbox"/> Pipefitter S/90P	<input type="checkbox"/> Welder S/26
<input type="checkbox"/> Electronics Mechanic S/67	<input type="checkbox"/> Machinist S/31	<input type="checkbox"/> Production Machinery Mechanic S/06	
	<input type="checkbox"/> IMF (Various Trades)	<input type="checkbox"/> Keyport (Various Trades)	

UPDATE YOUR CURRENT WORK	
FROM MONTH/YEAR _____ TO MONTH/YEAR _____	EMPLOYER _____ ADDRESS _____ _____

RESPONSIBILITIES: _____

PRIVACY ACT WAIVER: Because of the FAMILY RIGHTS AND PRIVACY ACT OF 1974, an "INFORMATION RELEASE APPROVAL" must be signed before we use information you give us on your behalf. By signing this agreement, I give permission for the CO-OP Office at OLYMPIC COLLEGE to obtain a copy of my current transcript if needed. I also authorize the CO-OP Office to release any legitimate and pertinent information about my background, experience, and academic record (including transcripts) to potential employers to whom I am making application.

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE _____ DATE: _____